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May - Aug 1988

The Habit

CHEMICAL DEPENDENCY BUREAU

MONTANA DEPARTMENT OF INSTITUTIONS
1539 11TH AVENUE, HELENA, MONTANA 59620
(406) 444-2827

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The Second Call For Help: Only a few persons have taken advantage of using the Habit as a way to share information with the field. I would encourage you to participate in the Habit.

The Department of Institutions, Treatment Services Division, Chemical Dependency Bureau have made the following awards to approved treatment programs for FY 89.

Alcohol Contracts

<u>Program</u>	<u>Discretionary Award</u>	<u>Outpatient Clients To Be Served Monthly</u>
District II Program - Glendive	\$ 32,113	80
FMDH/Chemical Dependency Services, Inc., - Miles City	13,070	80
Northern Montana CD Program, Inc. - Havre	161,184	Inpatient bed days for indigents
Alcohol & Drug Services of Central MT - Lewistown	30,792	55
South Central MT Regional MHC - Billings	34,284	120
Southwest CD Service Program - Livingston	37,180	103
Butte Indian	46,841	Transitional living bed days
Anaconda/Deer Lodge County Alcohol Program	11,784	30
Boyd Andrew Service Center	50,538	Transitional living bed days
Recovery Northwest - Libby	50,685	100
Ravalli County CD Services - Hamilton	5,363	30
Powell Co. Alcoholism Prevention Center - Deer Lodge	4,081	20
FMDH/High Plains Council - Glasgow *	9,992	80
Total	\$ 487,907	695

*Contingent based on a 5 county program

Drug Contracts

<u>Program</u>	<u>Discretionary Award</u>	<u>Outpatient Clients To Be Served Monthly</u>
District II Program - Glendive	\$ 27,461	18
FMDH/Chemical Dependency Services, Inc. - Miles City	27,461	18
Providence Center - Great Falls	61,022	40
Rimrock - Billings	45,766	30
South Central MT Regional MHC - Billings	15,600	10
Gallatin Council on Health & Drugs - Bozeman	76,277	50
Butte-Silver Bow Health Dept. - Butte	54,600	35
Anaconda/Deer Lodge County - Anaconda	40,560	26
Boyd Andrew Service Center - Helena	61,022	40
Recovery Foundation - Missoula	91,534	60
Salish/Kootenai - Ronan	29,193	19
Flathead Valley - Kalispell	53,396	35
Francis Mahon Deaconess Hospital - Glasgow	37,168	Inpatient bed days for indigents
Total	\$ 621,060	381

Awards were made after a comprehensive review by the Chemical Dependency Bureau staff, the Montana Advisory Council on Chemical Dependency and the Director of the Department of Institutions. Priorities for funding included rural multi-county outpatient pro- grams, inpatient bed days for indigents, halfway house bed days, demonstration of need and accomplishments of last year's goals and objectives. Drug service con- tracts are required to expend at least 15% of their total award on prevention and/ or early intervention activities with a minimum 70% of their client load consisting of hard core and/or criminal justice clients. All contracts require that 34% of admissions to treatment, including family members, be female.

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DUI...

Although all states now have the 21 drinking age, progress on several other recommendations of the National Commission Against Drunk Driving remain unfulfilled. . As of the end of 1987, the Commission found these shortcomings:

- ▶ Only 19 states prohibit possession of an open container of alcoholic beverage in the passenger compartment of an automobile. [Montana is not one].
- ▶ Only 25 states have dram shop laws relating to servers' liability. [Montana does not have this law, however the server can be sued.]
- ▶ Only 22 states provide for administrative suspension of a driver's license for driving with an illegal blood alcohol content. [Montana is one.]
- ▶ Only 34 states provide for preliminary breath testing at the roadside. [Montana does not.]
- ▶ Only 18 states exclude plea bargaining in DUI cases. [Montana does not.]

Prevention File / Summer 1988

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JUSTICE DEPARTMENT NATIONWIDE DUI study found:

- ▶ Arrests increased by 223% between 1970 and 1986.
- ▶ 7% of all inmates in local jails were there on DUI offenses.
- ▶ Arrests were higher for 21 year olds than any others, with one of every 39 licensed drivers age 21 arrested for DUI in 1983.
- ▶ Arrest rates for those over 45 actually declined, but drivers between 19-29 had nearly double the rate of arrests in 1986 than the same age group had in 1975.
- ▶ Arrest rate among 18-20 year olds declined by 14% since 1983 when states began raising the MLDA.
- ▶ About half of these inmates had previously been involved in alcohol treatment and about 1 in 11 were in treatment at the time of their arrest.
- ▶ Beer was the beverage of choice for the offenders with 54% reporting beer consumption prior to their arrest; 21 percent drinking spirits; and only 2% wine with the remainder mixing their beverages.

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Excerpts from Prevention File, Vol. 3, No.2, Spring 1988:

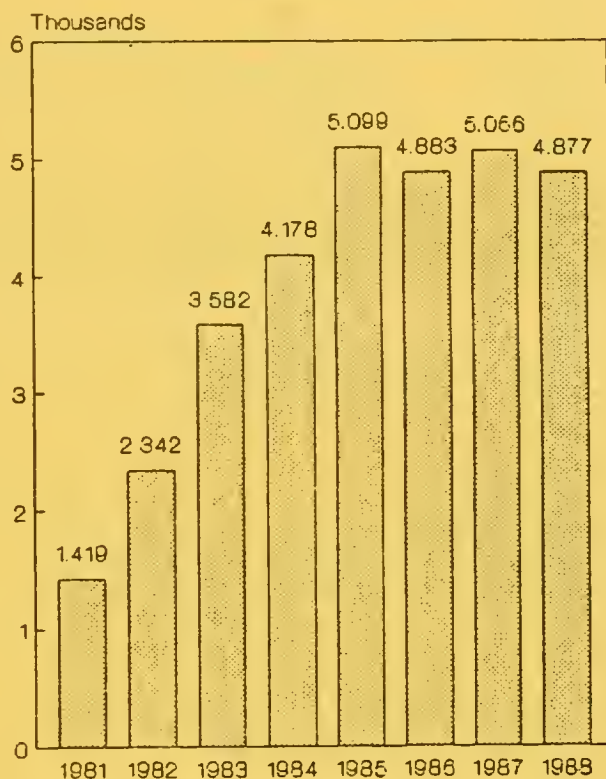
- ▶ A Dept. of Transportation study reported that after dropping by 11 percent between 1982 and 1985, traffic deaths involving alcohol jumped by 7 percent in 1986 to a total of 23,990. ...A survey of major newspapers and magazines showed that the number of articles on the subject peaked in 1983 and then started to decline.
- ▶ The Harvard school of Public Health and its Center for Health Communications have announced plans for a major new effort to use the broadcast and print media and motion pictures to influence the behavior of Americans in relation to drinking and driving...the program goal is to forge a 'national consensus' against drinking and driving.
- ▶ "The toughest first offense drunken driver program in the nation": In Massachusetts, first offenders for DUI face 40 hours of intensive sessions aimed at modifying behavior instead of merely providing education. The program includes two hours of evaluation, 32 hours of group sessions with emphasis on group therapy, and six hours of forums including survivor-victim family presentations and AA meetings.

DUI PROGRAM FACTS

Records are sent to the Chemical Dependency Bureau for all clients convicted of DUI who are admitted to state approved programs for ACT (Assessment, Course and Treatment). Each program provides an educational course for DUI offenders, assesses each client for chemical dependency and recommends additional services where indicated. Some interesting findings for FY 88 (from July 1, 1987 to June 30, 1988):

- ▶ 4,877 offenders were admitted to ACT.
- ▶ 82% were male; 18% female.
- ▶ 2% were under the age of 18. 9% were under 21. 20% were under 26. 20% were under 31. 33% were between ages 31-44 and 14% between ages 45-64.
- ▶ The highest percentage of DUI clients (33%) were in the age group 31-44.
- ▶ The majority of clients (71%) were first offenders. 23% had two convictions and 4% had three convictions.
- ▶ 68 of the total admissions had four or more convictions.
- ▶ 19% were assessed as no problem. 32% were identified as abuser. 38% showed symptoms of chemical dependency.
- ▶ 54% had no treatment recommendation. 32% were recommended to outpatient treatment and 14% to inpatient treatment.
- ▶ BAC (blood alcohol content) of .10-.20 was 44%. 19% had BAC of .21-.30.

D.U.I. ADMISSIONS
FISCAL YEAR DATA



ACT BASIC TRAINING

The next basic training session will be held in Lewistown, October 26, 27, 28 at the Yogo Inn. Registration will be at 8:00 a.m. and the workshop will begin 8:30 a.m. on October 26 and end at 2:00 p.m. on October 28.

For further information and with questions contact Bill Elliott, Highway Traffic Safety at 444-3412.

ALCOHOL AND DRUGS PLAY SIGNIFICANT ROLE IN TEENAGE INJURY

The leading cause of death and disability among American teenagers is injury. For this reason, researchers have evaluated the role of drugs and alcohol in nonfatal teenage injury.

Of 2,038 teenagers in Maine and Massachusetts, 584 (29 percent) reported a total of 1,039 injuries. The rate was almost three times that of a group of 1,932 adults from the same two states. Among the teenagers, 61 percent of those injured were male and 31 percent were female.

In both teenage and adult groups, those who drank were more likely to experience injury. For example, 37 percent of teenagers who drank more than two drinks per day reported injuries, while 23 percent of abstainers reported injury. Regarding marijuana, teenagers and adults who had smoked within the past month were also more likely to experience injury than those who did not smoke.

D.U.I TASK FORCE RECONVENES

In light of liability issues, program concerns and three years of experience with the present standards, the D.U.I. Task Force has reconvened with expanded membership.

The mission of the original Task Force was to develop D.U.I. standards. It is now timely and advantageous to review the standards for appropriateness, and identify areas of needed change, for the overall enhancement and protection of D.U.I. programming statewide.

Members include:

Bill Elliott, Highway Traffic Safety
Mark Murphy, Assistant Attorney General, Department of Justice
Bernard McCarthy, Justice of the Peace, Lewis & Clark County
Libby Artley, Recovery Foundation
Mike Ruppert, Boyd Andrew Chemical Dependency Care Center
Kathy Curtiss, Northern MT Chemical Dependency Program
Linda Bofto, Rimrock Foundation
Darryl Bruno, Chemical Dependency Bureau
Norma Jean Boles, Chemical Dependency Bureau
Al Goke, Highway Traffic & Safety
Bill Furois, Driver's Improvement Bureau

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DON'T LET MONTANA GO TO POT

Montanans have been asked to enlist in the war against drugs by reporting any signs of marijuana-growing operations.

The U.S. Attorney's Office, U.S. Forest Service, the Bureau of Land Management and the Federal Drug Enforcement Agency are cooperating on a project called "Don't Let Montana Go To Pot," a toll free hotline and up to \$1,000 rewards have been set up for citizen tips.

The project last year resulted in tips that led to the eradication of 19 marijuana growing operations, 32 separate arrests and the confiscation of \$154,000 worth of illegal plants and \$129,000 in confiscated equipment. \$3,700 was distributed to those phoning in tips.

The 24-hour hotline number is **1-800-65-GRASS** and all tips will be kept confidential to protect informants.

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FYI... The nation's largest parent association, the National PTA, has published two new planning kits to increase parent involvement in public schools and community alcohol and drug abuse prevention efforts. The "School Is What WE Make It!" kit includes ideas for getting parents involved in their children's education, two posters, a month-by-month resource and observance guide, reproducible quizzes and handouts, and a brochure "Help Your Child Get the Most Out of Homework."

The Drug and Alcohol Awareness Week planning kit uses the theme "Prevention Begins at Home" to help PTAs, schools, and the community coordinate activities for National PTA Drug and Alcohol Awareness Week observed annually the first full week in March. The kit includes a leader's guide, a poster with the cast of "21 Jump Street," and two national brochures which provide parents with ideas about how to communicate with children and teens about drugs.

Limited quantities of each kit are available for \$2.50 for PTA members and \$10.00 for the general public. To order, send a check or money order payable to the National PTA to NPTA KITS, PO Box 1015, Tinley Park, Illinois 60477.

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Counselors' Fate Under Health Benefits Bill Uncertain

The fate of certified alcoholism and drug abuse counselors as covered providers gave rise to new apprehensions about the Minimum Health Benefits For All Workers Act (S-1265) as reported out by the Senate Labor and Human Resources Committee chaired by Sen. Edward Kennedy (D-MA). Alcohol and drug abuse field groups have already been upset about the fact that the bill gives alcohol and drug dependency coverage short shift by failing to mention it either in the statutory language or the Senate committee's report on the measure. Assurances by Kennedy staffers that coverage for alcohol and drug services are subsumed under the mental health provisions in the basic benefit package have not assuaged field groups pressing for specified, discrete Benefits for alcohol and other drug dependency.

Susan Galbraith, assistant Washington representative of the National Council on Alcoholism (NCA), noted that in defining the mental health professionals who services would be covered for outpatient counseling, the committee report (Sen. Rep. 100-360) uses as a standard licensed or certified clinical social workers. These are defined in the report by those who have a master's or a doctor's degree in social work from an accredited school and who have had at least two years of supervised clinical experience.

The report goes on to say that in determining whether mental health professionals other than physicians, clinical psychologists and clinical social workers are "equivalent mental health professionals" under terms of the bill, the HHS Secretary will establish criteria to determine equivalency, including length of formal training and education and other measures.

Galbraith said the catch is that in establishing such criteria for equivalency, which conceivably could embrace credentialed alcoholism and drug abuse counselors, HHS would look to the language in the Senate committee's report which states plainly that the "basic standard" should include a master's or doctor's degree in social work.

"It leaves it wide open for certified alcoholism and drug abuse counselors to be excluded," Galbraith said. If the Senate committee version of the bill ever becomes law, she added, the field would be forced to exert pressure on the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) to ensure that HHS regulations recognize alcohol and drug abuse counselors as professionals whose services would be covered.

The National Association of Alcoholism and Drug Abuse Counselors (NAADAC) said it is opposed to the Kennedy bill in its present form not only because of its silence on alcohol and drug benefits, but because it "tends to close our alcoholism and drug abuse counselors who are obviously the most qualified providers of services." NAADAC Executive Director Stephen Kreimer called the bill a "tragically flawed piece of legislation." (Washington Office, National Council on Alcoholism, 1511 K St., N.W., Suite 320, Washington, DC 20005; 202/737-8122; NAADAC, 3717 Columbia Pike, Suite 300, Arlington, VA 22204; 703/920-4644.)

The Alcoholism Report
August 9, 1988

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BEER-ADVERTISING UNDER ATTACK

Concerned about the irresponsible advertising of two major breweries, the National Association of State Alcohol and Drug Abuse Directors and the Alcohol and Drug Problems Association have drawn up a resolution. The resolution cites Anheuser-Busch for using its Spuds MacKenzie trademark in toys for children and Genesee Brewing Company for promoting alcohol as a relief for stress.

The resolution calls for an end to the promotional campaigns and urges the Beer Institute, the Bureau of Alcohol, Tobacco and Firearms, the Federal Trade Commission and the Federal Communications Commission to investigate both campaigns for potential legal violations.

New York State Council on Alcoholism Newsletter
October 1987

CERTIFICATION

The implementation of the rule revisions effective in January are going smoothly. New certificates have been mailed to all certified counselors which reflects the year that was added to all certificates.

The Chemical Dependency Bureau has received 152 paid registrations since implementation of the new system in January.

Four people have been certified who began the certification process after January 1, 1988, and under the new system. We offer our congratulations to:

Sam Taylor
Elizabeth Gilbertson
Michael DuHoux
Tom Corbett

Anyone currently in the process or interested in applying for certification will need to have the \$50 exam fee paid and 70 points documented prior to November 4, 1988, in order to take the next written exam on January 14, 1988.

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CONGRATULATIONS to the newly certified chemical dependency counselors.

They are the following:

508	Robert L. Harvell
509	Neil Charlo
510	Melissa S. Anderson
511	Fred Mahkuk
512	Tia Whitegrass
513	Sue Bennett
514	Jeri Obye
515	Mary E. Fitzpatrick
516	Semi A. Sanvig
517	Judi Wolff
518	Mary A. Sadowski
519	Mary Ann DuBay
520	Jo Hatch
521	Kellyann Miller-Sonju
522	Joleen Spang
523	Timothy Brunelle
524	Sharon Lueck Cunningham
525	Michael B. Jones
526	Linda Lodge
527	Kimberly C. Gardiner
528	Michael Frost
529	Nancy McGrade
530	Fred Lemons
531	Jim Osborne
532	Dennis Bishop
533	Jeanette Johnson
534	Edward Heard
535	John Lewis
536	Pam Quanmen
537	Ben Armentrout
538	Kay Opsta
539	Jackie Fortune
540	Sam Taylor

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MORE THAN \$100 BILLION A YEAR is smuggled, wired or shipped out of USA to drug lords in Colombia, Hong Kong and other places--the proceeds from illicit sales of cocaine, heroin and marijuana....White House Drug Enforcement Coordinating Group and scientists at Los Alamos National Laboratory developing a computer model in attempt to dry up cash outflow.

From: Pulse Beats
July 1988

TENTATIVE CERTIFICATION EXAM SCHEDULE

WRITTEN EXAM

September 24, 1988

January 14, 1989

May, 1989

Due Date

July 15, 1988

November 4, 1988

March, 1989

ORAL EXAM

July 21-22, 1988

November 17-18, 1988

March 16-17, 1989

TAPES

August 24-25, 1988

December 15-16, 1988

April 20-21, 1989

August 19, 1988

December 9, 1988

April 14, 1989

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MONTANA RED RIBBON CAMPAIGN

The Red Ribbon is a symbol for all those committed to working to reduce the demand for illegal drugs.

The Red Ribbon Campaign is an awareness campaign in which a community can become a united front and stand together to "Just Say No to Drugs."

Across the state, parent and community groups are working toward the goal of Drug Free Youth. In order to make a significant change in today's society, every segment of the community must be involved. Individuals, families, schools, religious groups, organizations, local government, industry, etc., need to combine their efforts so that prevention can be successful. Following is a suggested schedule of Red Ribbon Week:

Sunday, October 23 - Red Ribbon Sunday

Monday, October 24 - Red Ribbon Rally Day

Wednesday, October 26 - Wear Red Day

Friday-Sunday, October 28-30 - Red Ribbon Sports Weekend

For further information contact Darlene Meddock, campaign coordinator, 761-6680.

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OCTOBER YOUTH RALLY

The Great Falls Community Core Team, Inc. is sponsoring the Montana Red Ribbon Youth Rally to be held October 29 and 30, 1988 at the Heritage Inn in Great Falls.

Activities will include workshops, Food Fair, games and other fun activities. This rally will culminate the Red Ribbon Campaign Week.

Adults will also be given an opportunity to attend a conference on "Building Coalitions" sponsored by ACTION.

Plan your Red Ribbon Campaign Week to include this important event.

For further information contact Darlene Meddock, 1245 Park Garden Road, Great Falls, 59404, 761-6680.

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OSAP RESPONDS TO NATION'S SUBSTANCE ABUSE CRISIS

Adapted from The Fact Is...(Spring '88),
National Clearinghouse for Alcohol & Drug Information

The Office for Substance Abuse Prevention (OSAP) was created by the Anti-Drug Abuse Act of 1986 as the cornerstone of the federal demand reduction strategy. As part of the Alcohol, Drug Abuse, and Mental Health Administration within the Public Health Service Department of Health and Human Services, OSAP's primary goal is preventing alcohol and other drug use among America's young people.

One of OSAP's main messages is that there should be no use of **any** illegal drugs and no illegal use of alcohol and other legal drugs. The message is clear, but the challenge is to gain acceptance and have society speak with one voice through media, family, worksites, and schools. OSAP recognizes that factors contributing to substance abuse are many: family and environment are extremely important, as are the characteristics of the drugs themselves. Because of this complexity, there can be no single, **simple** solution to alcohol and other drug problems. Instead, a variety of prevention approaches -- sensitive to cultural and societal norms, values, and patterns -- are needed. To be effective, they must be integrated across community institutions. To this end, OSAP seeks to aid communities through effective prevention and intervention efforts.

Building Partnerships

To help shape and establish partnerships, OSAP assembled experts and prevention practitioners for a National Strategy Conference in December 1986. Since that time, OSAP has forged partnerships with the research community, scientists, policy makers, practitioners, state and community leaders, educators, volunteers, and many others to effectively provide opportunities for combined and comprehensive approaches toward prevention and early intervention. OSAP builds upon existing programs and seeks to expand the limited resources available for prevention and intervention by working with and through existing groups and organizations. These partnerships have resulted in the following major efforts:

► High-Risk Youth Demonstration Grants

The announcement of OSAP's \$24 million grants program in the spring of 1987 resulted in nearly 900 applications that proposed a wide variety of creative approaches to prevent alcohol and other drug problems among America's high-risk youth. In September 1987, funds were awarded to 131 of the most highly rated grant applications based on an independent review (\$23 million of OSAP's FY1988 budget was used for the second year of funding for these grants; no new grants will be made this fiscal year).

Through this program, OSAP has a unique opportunity to work with community-based programs to identify and test existing and new prevention concepts for high-risk youth. Procedures and criteria are being developed for evaluating these grants in four areas: 1) how are high-risk youths and their families recruited and retained in the various programs; 2) what mechanisms are used to generate community support for alcohol-drug prevention programs among cultural/ethnic groups; 3) what adaptations are necessary to make conventional prevention approaches accessible and culturally acceptable to the diverse populations served by this grant program; and 4) what new and innovative prevention approaches/strategies can be identified from the practices of the grantees.

► National Clearinghouse for Alcohol and Drug Information (NCADI)

OSAP has established the National Clearinghouse for Alcohol and Drug Information (NCADI) as a national resource of up-to-date print and audiovisual information about alcohol and drugs. NCADI's holdings include scientific findings; prevention program and product descriptions; publications, posters, and kits for parents and youth; and information about organizations and groups concerned with alcohol and other drug problems. To create the Clearinghouse, OSAP merged the previously separate alcohol and drug clearinghouses of the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse. NCADI places special emphasis on creating information networks, developing easy-to-reproduce fact sheets and resource lists, and getting information out as quickly as possible to a broad range of consumers.

OSAP Responds (continued)

►► **Regional Alcohol and Drug Awareness Resource (RADAR) Network**

The National Clearinghouse for Alcohol and Drug Information is shaping a unique partnership with state alcohol and drug authorities and with other national voluntary and professional organizations by creating communications resource centers to form its Regional Alcohol and Drug Awareness (RADAR) Network. These unique resource centers help OSAP and others promote and disseminate information, conduct media campaigns and other media outreach efforts, and obtain feedback for improving communications services and products.

►► **Regional Communications Seminars**

In association with the National Prevention Network, OSAP is sponsoring regional communications seminars to share state-of-the-art communications techniques and strategies among national, state, and local prevention practitioners. The seminars will focus on media and clearinghouse methods and technologies. They will rely heavily on lessons learned from successes and failures of a wide range of communications efforts.

►► **Message and Material Review and Development**

OSAP has begun a major review of alcohol and drug messages and materials developed by the private and public sectors. This review will assess the accuracy, usefulness, and appeal of the messages and materials that are currently available and identify information gaps where new materials are needed. Many messages and materials already exist but, too often, people do not know about them, how to assess their value, or how to use them. OSAP plans to develop resource lists and, when gaps are identified, generate new messages and materials, especially for hard-to-reach and high-risk target audiences. All materials listed on OSAP's resource lists will support the message of no use of any illegal drug and no illegal use of alcohol or other legal drugs. Special emphasis will be placed on outreach to parents, primary care health providers, minorities, high-risk families, and intermediaries.

►► **National Prevention Implementation Program**

In an effort to develop alliances between OSAP and national, state, and local groups, OSAP has contracted with The Circle, Inc., to operate the National Prevention Implementation Program (NPIP). The mission of NPIP is to assist communities in initiating, enhancing, or expanding their efforts to prevent the adverse consequences of alcohol and other drug use. NPIP's goal is to establish and implement a consultation and conference support system that effectively responds to requests for assistance from organizations and groups that work in the interest of parents, youth, schools, ethnic groups, the disabled, and the elderly to prevent the adverse consequences of alcohol and drug use.

NPIP's consultation services provide professional prevention specialists selected from the National Consultants Resource Group to work with individuals and organizations requesting support. Short-term consultations are designed to impact planning and implementation of needs assessments; determine effective and appropriate program strategies; evaluate, develop, and strengthen aspects of existing programs; build prevention program management; design ethnically and culturally sensitive programs; support staff and volunteer development; and develop effective training programs.

NPIP has already provided extensive conference and workshop support throughout the nation and is available to provide professional conference planning and limited financial support for speakers. One of NPIP's goals is to produce a conference planning guide for local community organizations.

►► **National Youth Coalition**

In March 1987, OSAP convened a meeting of representatives from 21 national youth organizations at the 10th Annual International Conference on Youth and Drugs sponsored by the Parents Resource Institute for Drug Education (PRIDE). During the meeting, input and recommendations were solicited from young people to help set OSAP's agenda. The recommendations developed during this and subsequent meetings of the coalition served as the impetus for launching an ongoing national youth effort involving many diverse youth organizations.

OSAP Responds (continued)

►► "Be Smart" Campaign

In April, 1987, in conjunction with the National Institute on Alcohol Abuse and Alcoholism (NIAAA), OSAP launched the "Be Smart! Don't Start! - Just Say No!" campaign in cooperation with 37 national organizations. The initial campaign was directed at 8- to 12-year-olds and those who influence their knowledge, attitudes, and behavior to prevent the use of alcohol by youth. A "lessons learned" workshop was held in August 1987, and the recommendations from this workshop are now being implemented. They include: continuing and strengthening the campaign by broadening the target audience to older youth and adding a non-use message about cigarettes and other drugs; developing additional, high-quality messages and materials and making them available through the RADAR Network; affixing the "Be Smart" seal to all new youth materials; and adding materials for Hispanic and low-literacy audiences. OSAP is in the process of implementing all of these recommendations.

►► Cocaine: The Big Lie

OSAP is supporting the second phase of the National Institute on Drug Abuse's campaign, "Cocaine: The Big Lie." Public service announcements, print ads, and supporting print materials are targeted to the cocaine users and to the "significant others" who can encourage users to seek help.

►► Children of Alcoholics Elementary School Project

OSAP is providing support to the National Association for Children of Alcoholics (NACoA) to develop and disseminate to elementary school personnel messages about the special needs and problems of children of alcoholics and other substance abusers. An initial mass mailing of booklets, comic books, posters, and resource lists went to all elementary schools in the country in January. Additional efforts are being planned in cooperation with the Department of Education, the Office for Juvenile Justice and Delinquency Prevention, and the Department of Transportation.

►► Prevention Pipeline: Alcohol and Drug Awareness Service

A new bimonthly newsletter, Prevention Pipeline: An Alcohol and Drug Awareness Service, has been produced to help assure a ready flow of information about alcohol and drug prevention efforts among federal, state, voluntary, professional, and community organizations. With a strong public health orientation, the Pipeline encourages reader exchange, provides the latest data and facts about alcohol and drug use, furnishes results of evaluation efforts, and gives information on upcoming events and funding sources to more than 3,000 subscribers.

►► Coordination With Other Federal Agencies

To keep abreast of other agencies' programs and progress, and to avoid duplication, OSAP staff members meet frequently with representatives from other federal agencies. These sessions help ensure a free flow of information to identify programs for joint funding and to enhance networking among the various constituencies concerned with alcohol and other drug problems throughout the nation.

►► OSAP Wants to Hear From You

OSAP invites your comments and suggestions and will welcome opportunities for collaboration and other joint activities to prevent alcohol and other drug problems among youth.

For information or contact, write or call:

Office for Substance Abuse Prevention (OSAP)
Alcohol, Drug Abuse, and Mental Health
Administration
5600 Fishers Lane, Room 9A54
Rockville, Maryland 20857
(301) 443-0365

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DRUG ABUSE PREVENTION KIT

Educational materials were developed by the Cleaning Products Division of Dow Consumer Products in conjunction with the National Crime Prevention Council. The funding and distribution of the kit and videotapes of McGruff "No Show" to school districts was provided by Dow Consumer Products, Inc.

If you would like further information please write Consumer Affairs Department, Dow Consumer Products, Inc., Texize Division, PO Box 358, Greenville, SC 29602-0368 or call 1-800-331-6426.

Teen Sobriety Campout

From: Havre Daily News, August 3, 1988

ROCKY BOY - Over 260 American Indian students gathered in the mountains near here last weekend for the first annual Teen Sobriety Campout.

According to Robert Swan, administrative assistant at Rocky Boy schools, the purpose of the campout was to provide the youth "with an atmosphere where they could get some information and also a place where they could have fun without drugs and alcohol."

Swan said the event originally was intended for high school students, but ended up including kindergarten through 12th grade youth who were from Rocky Boy, Browning, Lame Deer and Corvallis.

The campout was held at the old sawmill site on the Rocky Boy's Indian Reservation and was sponsored by the Rocky Boy school PRIDE (Prevention, Retention, Intervention, Deterrence and Education) group.

Swan said over 200 adults participated at various times during the weekend, which started Friday morning and ran through lunch on Sunday.

The camp featured teen issues, drug and alcohol education, as well as cultural perspectives on barriers to success for youth, Swan explained.

Consultants called in to assist with the camp included Don Wetzel, superintendent of schools at Corvallis. Wetzel, a 1988 Jefferson Award winner, presented a session on "making Positive Choices."

Lannie West, who hails from California, worked with the students on "Building Self-Esteem."

Swan said West regularly presents clinics on developing positive self-images for professional basketball and football teams and professional rodeo stars.

The Blackfeet Youth Alliance of Browning, a group of high school students who all formerly had drug and alcohol problems, also made a presentation, entitled "Saying No," to the campers.

Swan said several tribal members and local students also offered workshops on such topics as teenage pregnancy, AIDS and cultural values.

After a community dinner on Friday night, Swan said a traditional '49 dance was held, featuring cultural songs and dances.

On Saturday night, a rock and roll band from San Diego, "Fiction Rose," presented an outdoor concert for the students.

Swan said Tuesday that he has received very positive feedback about the gathering and plans to make the campout an annual event.

"Next year, we plan on it being longer and bigger," he added.

BORDER CRACKDOWN

Great Falls Tribune
August 4, 1988

Customs inspectors at U.S. border stations in Montana and Idaho have seized 122 vehicles and other officials have written 127 criminal citations in four months since the Customs Service and U.S. Attorney's office announced a Zero Tolerance policy toward drug offenders.

Such results are "beyond out expectations," U.S. Attorney Byron 'Pete' Dunbar said in an interview Wednesday. Dunbar praised what he called the program's punitive and deterrent value and its philosophy of "let the offender help pay for the handling of his sins."

The seized vehicles are worth more than \$1.095 million, money that will be shared with county and state law-enforcement agencies that qualify for a slice of forfeiture money, customs officials said.

Under the Zero Tolerance policy announced nationally at the end of March, drivers and passengers of vehicles entering an international border station with any illegal drugs - a couple of marijuana cigarettes stuck in a glove compartment or shirt pocket, for example - face arrest, fingerprinting and a possible criminal record. They can also permanently lose their vehicle.

In the past, travelers stopped small amounts of drugs on board were more likely to just pay a civil penalty.

Nearly all the 127 criminal charges filed so far have involved misdemeanors that ended up in county justice of the peace courts, Dunbar said. One Zero Tolerance case has been brought as a felony charge in U.S. District Court.

Not surprisingly, marijuana and related drugs are the most common reason for a drug arrest under the program in Montana.

Officials pointed to a May USA Today story that ranked the Great Falls customs direct as fourth nationally - behind border stations at San Diego, Blaine, Wash., and Detroit, Mich. - in the number of vehicles and money seized through Zero Tolerance.

Robert D. Smith, resident agent in charge of the Customs Service's enforcement office in Great Falls, said he is not sure how the Montana district ranks now, though it would be "right up there," he suggested.

Asked why the Montana and Idaho border stations would be so busy, Smith said the area's national parks are a major source of tourist traffic and may attract people with personal-use drugs in their vehicles. Traffic is also heavy at the ports connecting federal interstates to Canadian routes, he said.

Smith estimated 90 percent of Zero Tolerance drug arrests in this district have come at Sweetgrass, Piegan and Whitlash border stations and at Chief Mountain near Glacier Park, a part open only during the summers.

Asked about public reaction, Dunbar said he has heard little criticism of the seizures.

Referring to publicity about Florida agents' seizure of the yacht "Monkey Business" this spring over "a couple of roaches" (the stubs of marijuana cigarettes), he said inspectors must use judgment in seizures to keep from harrying innocent people.

For instance, inspectors and federal authorities make a point to notify people holding liens on a seized auto so they can protect their interest, he said.

The first five vehicles of the 122 seized here are ready to be released to county and state law-enforcement agencies eligible to seek them under a Customs Service asset-sharing program, Smith said.

Any vehicles or money from their sale that local law-enforcement agencies get must be used for law enforcement, Smith noted.

A vertical strip of 25 small, square, sepia-toned photographs showing various stages of a plant's growth, from seedling to mature plant. The images are arranged in a single column, with each photo showing a different developmental stage, likely from a seedling to a mature plant. The plants are shown in various poses and settings, some in pots and some in the ground. The overall tone is historical and scientific.

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INDIVIDUALIZED TREATMENT: THE COGNITIVELY IMPAIRED ALCOHOLIC

By Fred Fisher

The acceptance of chemical dependency as a disease has encouraged professionalism in the treatment field and the development of treatment options not previously available. The disease concept is straightforward, provides definition and promotes a highly structured framework for treatment (Glaser, et al 1978). A structured framework provides a clear cut direction and thus enhances the potential for success; however, for clients who present for treatment with very special problems and needs a highly structured framework can be rigid and inflexible. This is particularly true for alcoholics who, as a result of chronic excessive consumption of alcohol, suffer neuropsychological deficits.

Many researchers have demonstrated that alcoholics and other drug users suffer from a variety of cognitive deficits as a result of their use (Ryan, et al 1980, Butters and Armack, 1980, Brandt, et al 1983). An individual in the middle-to-late stages of chemical dependency undoubtedly suffers from a variety of severe and possibly irreversible physiological problems including changes in cellular metabolism, liver dysfunction, cardiovascular dysfunction and mental deterioration that is organic in nature. Additionally, the long term, chronic alcoholic is constantly at risk for mild to severe head trauma due to accidental falls or car accidents.

Neuropsychological deficits are most often characterized by impairments in abstract reasoning, impaired visual scanning and other perceptual dysfunction, difficulty with retention and comprehension of new information and problems with critical judgment and conceptual tracking (Gordon, et al, 1988). Many times people with neuropsychological deficits escape detection during routine assessments. Their history of use and consequences fits a classic chemical dependency profile, they have normal IQ's and frequently have well developed coping mechanisms that help them compensate and can be very misleading to treatment staff (IBID).

The highly structured, insight oriented treatment regimen promoted by most chemical dependency clinics is characterized by educational information presented in lecture format, reading assignments, group and one to one therapy, critical self-examination, peer assessments and breaking down defenses. The neuropsychologically impaired alcoholic will experience a great deal of frustration with this approach. The impaired person will not be able to understand and apply the information presented in lectures and movies, reading and writing assignments will be incomplete and superficial at best, group therapy and one-to-one counseling will be marginally useful. In treatment, the client's observable behavior will often be characterized by non-compliance, a short and very poor attention span, a low tolerance for frustration resulting in hostility, defiance and other forms of acting out. Unless treatment staff are aware of the possibility of neuropsychological deficits and how to prepare an individualized treatment plan that addresses these deficits, the client's treatment and possibility for recovery will be seriously compromised.

A neuropsychologically impaired alcoholic paired with a treatment staff who are not aware of the cognitive deficits much less how to adapt the treatment regimen is a situation that is ripe for counter-transference. Treatment staff will see what they want to see or are conditioned to see. A client with cognitive deficits will often be labeled "resistant", "unwilling to follow suggestions", "argumentative", "steeped in denial and delusion" and "non-compliant". Instead of labeling the client as a result of inadequate assessment and poor treatment planning, treatment staff need to develop treatment approaches that specifically address the problems of the alcoholic with neuropsychological deficits (Gordon, et al 1988). One of the best approaches during the evaluation phase of treatment is case conferencing. Case conferencing can bring together information from different diagnostic perspectives including biological, psychosocial, psychodynamic and behavioral (Lazare). These various perspectives taken together generate a much clearer picture of the client as he enters treatment. Effective clinical conduct and diagnostic accuracy is also promoted. The case conferencing approach is vital to the development of an appropriate treatment regimen in the case of an individual with neuropsychological deficits.

The neuropsychologically impaired client in treatment dramatically illustrates the need for treatment staff to utilize a coordinated team approach that emphasizes case conferencing, thorough assessment of the individual, and individualized treatment planning. The increasing evidence that neuropsychological deficits are

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MASSIVE INFUSION OF FUNDS PROPOSED IN SENATE DRUG BILL

More than \$1.7 billion in new federal drug and alcohol-abuse treatment, research, prevention and education funds would be the result of the long-awaited, bipartisan Senate anti-drug abuse bill, expected to be introduced after Congress returns from its Labor Day recess September 7. The bill is the product of a summer of negotiations between Republicans--who has emphasized user responsibility issues--and Democrats--who advocated significant new spending for both supply and demand efforts.

The treatment field is optimistic that the lawmakers will act on the dawning national realization that stopping the flow of drugs into the country will ultimately be a futile exercise, given an unsatiated demand. The proposed bill factors in this philosophy. It would bring the total federal demand-reduction funds to \$2.8 billion in fiscal 1989, counting the \$1 billion already slated to be allocated. The new \$1.7 billion nearly matches the total in the 1986 Anti-Drug Abuse bill--but nearly all that money went for enforcement.

Sens. Edward Kennedy (D-MA) and Orrin Hatch (R-UT), leaders of the Labor and Human Resources Committee, are expected to be the main sponsors.

On the House side, all the Representatives are set to consider the bill reported out by the Energy and Commerce Committee in June.

The Senate bill would create a new block grant--the Comprehensive Substance Abuse Treatment Assistance Program--worth \$1.2 billion in 1989, \$2 billion in 1990 and \$3 billion in 1991. "Such sums as necessary" would be allocated in the next two years. In effect, this would be a reinvigorated reincarnation of the existing alcohol and drug treatment and rehabilitation (ADTR) block grant.

The remaining money would be contained in a combined ADTR and alcohol, drug abuse & mental health services (ADMS) block grant. Of the totals, 55% would be parceled out to states according to the need for treatment, and 45% based on population.

None of the funds could be used for inpatient hospitalization, or treatment at a for-profit facility--a provision that has made those providers unhappy. As under previous block grants, the money cannot be used for purchase of land, construction, or renovation of existing facilities. But, in an important concession to the treatment community, the bill allows the Health and Human Services Department to grant waivers to states. These waivers would permit land acquisition, construction or remodeling if the state shows that adequate treatment cannot be provided at existing facilities, and that alternative facilities in existing buildings are not available.

But the House bill, HR 4907, actually repeals the alcohol, drug abuse and mental health block grant, and splits it into an alcohol and drug program and a mental health one, plus an AIDS/IV drug segment. Because of formula distribution revisions that may shortchange the alcohol/drug field, the treatment community is opposed to this approach.

A \$100 million AIDS block grant would send treatment, outreach and prevention programs to IV drug users. The House measure provides a \$250 million IV-drug user program.

The Office for Substance Abuse Prevention would enjoy a five-fold increase in funds--with \$135 million at its disposal in 1989. This would be on top of the \$34 million already appropriated for OSAP in 1989. Increases are also proposed for community prevention grants, high-risk youth programs and the National Clearinghouse for Alcohol and Drug Information. Disagreements may arise when the measures go to conference between the House and Senate because the House is allocating only \$75 million for OSAP in 1989.

The Education Department's Drug-Free Schools and Communities Act would be authorized at \$445 million in 1989--more than \$195 million over the amount allocated under the 1989 appropriations.

On a separate matter, the draft bill incorporates a "sense of Congress" resolution declaring alcoholism and other drug dependencies "treatable diseases." This language has been pushed by anti-drug and alcohol abuse field groups in the aftermath of the April Supreme Court Veterans Administration ruling denying education benefits on two recovering alcoholic veterans.

From: The Drug Abuse Report - 9/88

FETAL ALCOHOL SYNDROME ASSOCIATED WITH A MYRIAD OF SYMPTOMS

Fetal alcohol syndrome is a complex disorder which affects the growth and development of newborn babies. It occurs in the offspring of mothers who drink throughout pregnancy and is the third most common cause of mental retardation. Researchers have reported that serious consequences result in from 30 to 50 percent of infants born to mothers who drink more than two ounces of alcohol per day.

Harmful effects which have been found in these infants include growth retardation, both in the womb and after birth, decreased development of joints and facial structure and heart defects. Mental deficiency is another problem which may range from retardation to learning disorders of behavioral abnormalities.

From: Drug Abuse Update
September 1988

MONTANANS CARING FOR KIDS CONFERENCE III

The next statewide prevention conference "Montanans Caring for Kids Conference III" will be February 2-3, 1989, at the Copper King Inn in Butte. Originally, the conference was scheduled for Helena in spring 1989. Since the legislature will be in session until mid-April 1989 in Helena, the conference was moved to Butte.

Montana Communities in Action for Drug Free Youth, Inc., and Citizens for Chemical Awareness in Butte will co-sponsor this important prevention conference. Last year the conference was co-sponsored by Community Core Team of Great Falls and Montana Communities in Action for Drug Free Youth and held in Great Falls at the Heritage Inn. The second "Montanans Caring for Kids" conference was well received in the prevention field and attended by 779 individuals. Examples of workshops offered were addictions, children of alcoholics, suicide, eating disorders, family dysfunction and co-dependency.

The third "Montanans Caring for Kids" conference promises to offer more activities and scheduling tracks for youth and adults. Make your plans now so your community will be well represented. For further information contact Marcia Armstrong (444-2878), Marko Lucich (723-8262) or Darlene Meddock (761-6680).

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CDPM

On October 20-21, Chemical Dependency Programs of Montana will sponsor its Third Annual Conference in Bozeman, Montana. This year's conference will feature Albert Ellis and Clayton Moschetti-Houff. On October 20, Mr. Moschetti-Houff will present a workshop entitled: "Continuum of Care for Chemically Dependent Adolescents and Their Families." On October 21, Mr. Ellis will present a workshop entitled: "Rational-Emotive Therapy and Counseling." There will be a banquet the evening of October 20 for all participants and guests.

This year's conference location will be the Holiday Inn in Bozeman with registration beginning October 19 at 4:00 p.m. Participants may also register at 7:30 a.m. on October 20 and 21. The full conference cost is \$100.00 and includes the educational presentations, lunch and the banquet Thursday evening. For those wishing to attend portions of the conference, the educational sessions are \$40.00 per day and the banquet is \$20.00. Certification points will be available for people attending the educational sessions. Brochures describing the conference with more in-depth information will be mailed mid-September. If you require further information you may contact Sue Weingartner, Chemical Dependency Programs of Montana, 36 South Last Chance Gulch, Helena, MT 59601 or call her at 443-1160.

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DRUGS AND DEATH - ALCOHOL.

Community responds to Multiple Adolescent Suicides and Suicide Attempts Involving Substance Abuse

The Centers for Disease Control recently reported a cluster of suicides and suicide attempts which occurred in a suburban New Jersey community in March, 1987. Four teenagers, two males and two females, locked themselves inside a 13-car garage with their car engine running. The males died of a combination of carbon monoxide poisoning, cocaine and alcohol and the females of carbon monoxide poisoning and cocaine. One male had a history of alcohol abuse.

The community responded with a number of measures to prevent further suicides. In spite of their efforts, however, two other teenagers attempted suicide in the same garage within one week. Both were found and successfully resuscitated.

The Centers say that the community's response to prevent further suicide was appropriate and that it is important for communities faced with a similar situation to attempt to prevent further suicide in susceptible individuals.

From: Morbidity & Mortality Weekly Report
Vol 37, No 14, April 15, 1988

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WELCOME TO FRED FISHER

Fred Fisher recently joined the Chemical Dependency Bureau staff as a Project Evaluator. He replaces Mark Clark who is now working at the Wilderness Treatment Center in Marion.

Fred has five years experience in the mental health field and five years in the chemical dependency field. Fred's experience in the chemical dependency field was with Southwest Montana Drug Treatment Program and most recently Shodair Adolescent Treatment Program.

On a personal note, Fred is married with a three year old son. He enjoys fly fishing, fly tying and skiing. An article "Individualized Treatment: The Cognitively Impaired Alcoholic" found in this Habit issue was written by Fred.



The Habit routinely publishes articles or excerpts from articles that appear in nationally distributed publications primarily in the field of chemical dependency. Such articles are solely intended to be informational services to our readers and to make them aware of current trends and opinions on issues relating to chemical dependency. Such articles do not necessarily reflect the opinions or policy of the Chemical Dependency Bureau. Suggestions for noteworthy articles or opposing views to articles published are welcomes.

CHEMICAL DEPENDENCY BUREAU

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